

Pool or Spa Plan Review Questionnaire

Establishment Name			
Location			
Mailing Address			
City, State, Zip			
Owner's Name		Phone #	
Est. Completion Date			

Please complete and return the following questionnaire along with the layout plan (drawn to at least a minimum scale of 1/4" = 1 foot) at least 30 days prior to the beginning of any construction.

1. Type of Establishment: Hotel ☐ Specialty Resort ☐ Bed & Breakfast ☐ Campground ☐

2. Type of Facility: Indoor Pool ☐ Outdoor Pool ☐ Spa ☐

Note: Please complete a separate questionnaire for each pool or spa. For pools, please enclose construction plans.

3. Water Capacity: Gallons

4. Describe the size, shape and construction material for your pool / spa: _____

5. Number of Inlets:

6. Type of Outlets: Gutters ☐ Skimmers ☐ Total Number:

A. Is the main drain and other submerged outlets protected by entrapment proof grates? Yes ☐ No ☐

7. Number of Pumps: HP Rating: GPM:

A. Are two strainer baskets provided for each pump? Yes ☐ No ☐

8. Type of filtration: Number of filters:

A. Filter model: Make: Model:

B. Does the filter feature differential gauges? Yes ☐ No ☐

C. Is a rate-of-flow indicator provided? Yes ☐ No ☐

D. Is the filter backwash wasted to the sanitary sewer? Yes ☐ No ☐

9. How is make-up water added?

Note: All portions of the water distribution system serving the pool or spa and auxiliary facilities must be protected from backflow and back-siphonage.

10. Type of disinfection and chemical used:

11. How is your chemical disinfectant added?

A. If injected, indicate make and model.

B. Rated capacity:

12. Safety Features for gas chlorination:

Separate Room ☐

Positive Ventilation ☐

Cylinder restraints ☐

Gas Mask ☐

A. Source of water for gas chlorinator:

13. Method of pH control:

A. Rated capacity:

Indicated setting:

14. Are toilet/lavatory and shower fixtures provided for each sex?

Yes ☐

No ☐

15. Are liquid soap dispensers provided for showers and lavatories?

Yes ☐

No ☐

16. Is warm water supplied to showers and lavatories?

Yes ☐

No ☐

17. Are pool depth markings readily observable?

Yes ☐

No ☐

18. Is a fence provided to enclose the swimming area?

Yes ☐

No ☐

19. Does the deck slope away from the pool and provide adequate drainage?

Yes ☐

No ☐

20. Are swimming regulations posted?

Yes ☐

No ☐

21. Is life saving equipment available?

Yes ☐

No ☐

A. If yes, please describe:

22. Is a chemical test kit available?

Yes ☐

No ☐

A. Chemical Test Kit:

Make:

Model:

23. Is an operational pool vacuum cleaner available?

Yes ☐

No ☐

24. Is there a wading pool?

Yes ☐

No ☐

A. Does it recirculate?

Yes ☐

No ☐

B. If yes, number of inlets / outlets:

Number of Inlets:

Number of Outlets:

C. Is the main drain and other submerged outlets protected by entrapment proof grates? Yes ☐ No ☐

25. Has the pool operator attended a pool operators training course?

Yes ☐

No ☐

A. If yes, please describe:

**SEND YOUR COMPLETED
QUESTIONNAIRES TO:**

Office of Health Protection
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www.state.sd.us/doh